

SEND COMPLETED FORM TO Katherine Michiels School 1335 Guerrero St. San Francisco 94110 • 415.821.0130 • www.kmsosf.org

CHILD'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

Session	Dates	Place an X next to session(s) attending	After Care?
1	June 12 - June 30		
2	July 3 – July 21		
3	July 24 – August 11		
BONUS	August 14 – August 18		

Parent/Guardian 1: Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

2nd Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

## HEALTH

Any known allergies? (Please list) \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone number \_\_\_\_\_

What communicable diseases has your child had? Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Measles (3 day) \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Any serious illness or hospitalization? (Explain) \_\_\_\_\_

Any physical disabilities? (What?) \_\_\_\_\_

Any medications given regularly? (What/How often?) \_\_\_\_\_

Any special needs? (Explain) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian                      Relationship                      Date



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Child's Name \_\_\_\_\_

**PARENTAL RELEASE FORM**

1. I understand that it is the responsibility of every individual and his or her parents or legal guardian to provide for his or

her own accident or health coverage while participating in all KMS activities.

2. I authorize the KMS and its adult staff or representatives to consent to any emergency medical treatment and/or hospital care which is rendered to the minor named above, under the supervision of any physician licensed under the California

Medical Practices Act.

3. I grant permission for the above-named minor to participate in all camp activities both at and away from the school.

4. I grant permission for photos including the above-named minor to be used for KMS marketing purposes unless otherwise indicated in writing.

5. I understand that my child and I are expected to honor KMS's camp policies.

6. I grant KMS all rights to publish photographs of my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**Acknowledgment and Assumption of Risk**

My Child and I are aware that there are many risks inherent in

the activities offered in connection with the Summer Camp, which activities may include (but are not limited to): sports, hikes, arts and crafts, dance, and field trips to public parks, museums and various other locations by walking, public and/or private transportation (including but not limited to buses, ferries, cars). My Child and I understand that some of these risks cannot be eliminated, altered or controlled, and that these risks can be the cause of my Child's injury, illness or death or damage to my or my Child's belongings.

My Child and I knowingly and freely assume all risks and hazards in these Activities, both known and unknown, whether caused by the action, inaction or negligence of the KMS, its agents, employees, representatives and affiliates (the "Released Parties"), and we assume full responsibility for the participation of my Child in the Activities.

**RELEASE**

In consideration for my Child being permitted to participate in the Summer Camp, my Child and I agree not to make a claim against or sue the Released Parties, and my Child and I release

and hold harmless the Released Parties for all demands, actions or claims of liability arising out of the negligence or any other act or omission by the Released Parties that causes my Child's illness, injury, death and/or damage to my or my Child's

belongings as a result of my Child's participation in the Summer Camp.

**KNOWING AND VOLUNTARY EXECUTION**

I have carefully read this Release of Liability in its entirety, fully understand its terms, and acknowledge that it is a binding and fully enforceable contract between me, my Child and the KMS.

**PERMISSION TO PICK UP**

The following people, other than parents are authorized to pick up my child: (NOTE: They will be asked for valid photo ID.)

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_



est. 1976

1335 Guerrero Street ..& San Francisco, CA 94110 ..& 415.821.0130 ..& [www.kmsosf.org](http://www.kmsosf.org)

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